PTO/SB/06 (

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| Substitute for Form PTO-875  | OR OR   | Of Y(of 9  OTHER THAN SMALL ENTITY  RATE FI |
|--|---------|---|
| (Column 1) (Column 2) SMALL ENTITY  FOR NUMBER FILED NUMBER EXTRA  BASIC FEE (37 CFR 1.16(a))  TOTAL CLAIMS (37 CFR 1.16(b)) minus 20 =   INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 =   X S Y S =   X S Y S =   X  | S#      | SMALL ENTITY                                |
| BASIC FEE (37 CFR 1.16(a))   | 7       | RATE FI                                     |
| SAIC FEE (37 CFR 1.16(a))  | 7       | AA.C 1 FE                                   |
| 107 AL CLAIMS (37 CFR 1.16(c))  INDEPENDENT CLAIMS (37 CFR 1.16(b))  minus 3 =   x s <u>y = </u> x s <u>y = </u>   | 7       |   |
| (INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 =   | CH.     |   |
|  |         | × 5 18 =                                    |
| MULTIPLE DEPENDENT CLAIM PRESENT   | Cr-     | 83 <del>86</del>                            |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(c)) + 5 145  | CR      | +5290=                                      |
| If the difference in column 1 is less than zero, enter "0" in column 2.  | CP.     | TOTAL                                       |
| CLAIMS AS AMENDED - PART II  | _       | 7 7 1                                       |
| ,  | 4       |   |
| (Column 1) (Column 2) (Column 3) SMALL ENTITY  | OR      | O'LLEK IMAN<br>SWALLENIE                    |
| CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-   | Γ.      |   |
| Z AFTER PRÉVIOUSLY EXTRA TIONAL AMENDMENT PAID FOR   | 1 .     | RATE ADI                                    |
| Total Minus / A = - C  | -       |   |
| Z Independent • Minus · A  | OR      | x \$ [8 = ]                                 |
| \(\bar{\sigma}\)   \(\sig        | OR      |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +5745=   | OR_     | 7:29  |
| TOTAL<br>ADD'L FEE   | OR-     | TOTAL<br>ADOL FEE                           |
| (Column 1) (Column 2) (Column 3)   | -<br>   | All his with the                            |
| CLAIMS REMAINING AFTER AMENDMENT  Total (37 CRT 1.16(c))  I Minus  CLAIMS REMAINING AFTER AMENDMENT  Minus  Minus  Minus  Minus  Total (37 CRT 1.16(c))  CRT (37 CRT 1.16(c))  Minus  Mi | ] ;     | RATE ADDITION                               |
| Total - Minus - =  | -       | Total T                                     |
| Z Independent 'j Minus *** = X S = =   | OR      | CA CT LEGG                                  |
| W G7 CRC 1.4(c)) X S = _ X S = _ X   | OR      | (L) CFR 12600                               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  | OR      | Plant medical                               |
| TOTAL<br>ADD'L FEE   | OR:     | TOTAL<br>ADD'L FEE                          |
| (Column 1) (Column 2) (Column 3)   | <b></b> |   |
| CLAIMS HIGHEST PRESENT RATE ADDI- AFTER PREVIOUSLY EXTRA TIONAL  | ]       | RATE ADD                                    |
| Total Minus " = FEE  | -       | FE Osa                                      |
| Z Independent . Minus =  | OR :    | X STORIES                                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  | OR      | x s=  |
| +\$= TOTAL   | OR      | + s =                                       |
| ADD'L FEE  | OR      | TOTAL<br>ADD'L FEE                          |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and t USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to committee the individual particular of the propring, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any common the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. F and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.